

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2015
NAME OF PROVIDER OR SUPPLIER MARQUIS CARE PLAZA REGENCY			STREET ADDRESS, CITY, STATE, ZIP CODE 6021 W. CHEYENNE AVE. LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 4/10/15, in accordance with 42 Code of Federal Regulations (CFR), Section 483.13(c)(2) - Requirements for Long Term Care Facilities. The census at the time of the investigation was 156. The sample size was 5 residents, which included 1 closed record. Complaint #NV00042210-The complaint investigative process was initiated by the Division of Public and Behavioral Health on 4/10/15. Allegation: The facility failed to report to all officials the allegation of sexual abuse involving a resident. The allegation was substantiated. (See F225). The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000			
F 225 SS=D	The following regulatory deficiency was identified: 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment	F 225			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/20/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure an allegation of sexual abuse involving 1 of 5 sampled residents (Resident #1) was reported to Division of Aging and Disabilities.</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>Findings include:</p> <p>During an interview with the facility's Abuse Coordinator on 4/10/15 at 8:15 AM, the Coordinator reviewed the details of the facility's response to the allegation of abuse. The Coordinator indicated the Police and Elder Protective Services (Division of Aging and Disabilities) were notified by other facility staff involved in the investigation of the alleged sexual abuse.</p> <p>Review of the facility's investigation report confirmed the Police Department was notified. The documents did not contain information indicating Elder Protective Services was notified.</p> <p>On 4/10/15 at 1:45 PM, the Abuse Coordinator reported the facility had not notified Elder Protective Services.</p> <p>Review of Facility Policy titled, Reporting Abuse to Facility Management (revised 5/2014), revealed:</p> <p>"...5. When an alleged or suspected case of mistreatment, neglect..or abuse is reported, the facility Administrator, or designee, will immediately (within twenty-four hours of the alleged incident) notify the following persons or agencies of such incident as applicable by State regulations:...b. The local/State Ombudsman...d. Adult Protective Services..."</p>	F 225			